



Call-n-Ride

101 Monroe Street, 5th Floor
Rockville, MD 20850
Tel: 301-948-5409 • Fax: 240-556-0999
E-mail: cnrorder@montgomerycountymd.gov

Call-n-Ride (CNR) DISABILITY CERTIFICATION

For applicants aged 18-64 ONLY. Call-n-Ride Disability Certification **MUST** be completed by a licensed physician or CRNP for Call-n-Ride participation. **All information has to be complete, detailed, and verifiable.** Call-n-Ride Applicant and the certifying Physician agree to provide more information, when required by the Montgomery County Call-n-Ride Program. Any medical information provided to us concerning your diagnosis, symptoms, doctors' visits or any other details regarding your healthcare, is strictly confidential and will not be disclosed or used for any purpose other than determining your eligibility for the use of Call-n-Ride transportation services. **PLEASE PRINT:**

THE FOLLOWING SECTION SHOULD BE COMPLETED BY A LICENSED PHYSICIAN or CRNP

1. I recommend certification of _____ for the Call-n-Ride program.
(Applicant's Name)
2. What is the patient's diagnosis (Provide Details)? _____

3. Is the disability Permanent or Temporary? _____
4. If temporary how long do you anticipate it to last? _____

Physician Name

Professional License #

Issuing state

Expiration Date

Street Address

Telephone

City

State

Zip Code

Agency

I certify and affirm that the applicant identified above has the disability stated above. I also certify and affirm that all information presented in this form is true and accurate. I make this certification and affirmation under penalty of perjury.

Physician Signature

Date